



STUDY OF SECURITY SHORT COMINGS AND THEIR REMEDIAL MEASURES IN A HOSPITAL

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ABSTRACT

The facility is considered secure when it has taken proper measures against various threats. The job to keep hospital safe and secure starts right from the management, employees to the security services. As we know hospitals are generally soft targets.. This study was conducted with an aim to analyse existing security of the hospital and to provide necessary guidelines.

In this study a checklist of 219 points was made and used to understand security of the tertiary care hospital in Mumbai. The observatory study was conducted for this research. Data was collected with the help of observation done on site.

It was observed that the hospital was not secure and could match to only 55% of total points of checklist which is very low. Recommendations and necessary guidelines to handle various vulnerabilities are provided for making hospital secure.

KEY WORDS: Hospital Security, Remedial Measures, Risk factors, Vicarious responsibility,

INTRODUCTION:

The term security or protection for healthcare facilities might seem vague and elusive. In the context of protecting healthcare facilities it continues to be defined as a system of safe guards designed to protect the physical property of the land to achieve relative safety for all people interacting within the organization and its environment. What is safe today may not be safe tomorrow. It is a difficult task to evaluate the environment of a particular facility to determine if relative safety has in fact been achieved. Protection or security is intended to reduce the probability of detrimental incidents, not to eliminate all risks. Many people in the field attempt to view security too strictly or too definitely. A common error for hospital organizations is to view security as being closely aligned with the law enforcement functions. Although some common ground may exist between security and law enforcement. Security must be viewed as internal protection, and law enforcement must be viewed as external protection that attempts to uphold the law for all of society.

The primary elements of a security program are:

Prevention: Elimination of the will to commit a crime by denying the opportunity.

Enforcement: Timely detection, investigation, apprehension, and prosecution of offenders.

The first of several basic reasons for providing a protection system is moral responsibility.

Every organization, especially those serving the public, has an obligation to manage its environment in such a way that it minimizes the possibility of injury or death to all people on the premises. It is also the organization's moral responsibility to take reasonable steps to preclude the destruction, misuse, or theft of property, so that the physical facility remains intact to carry-on its business.

A second justification for providing protection services is legal responsibility.

The hospital has a duty to exercise care and skill in the day-to-day management of corporate affairs. Specific examples of this general obligation are the duty to preserve it's property, by preventing fire and safety hazards, and to protect people from the actions of others.

The hospital's obligation to its patients is contractual in that the hospital assumes certain responsibilities towards them. The duty of protection becomes even greater when patients are unable to take care of themselves, as in the case of the critically ill, the elderly, infants, and children. The issue of liability in the management of patient care facilities has become more acute in years. A hospital may be held liable for the negligence of not providing safe environment for all stake holders, under the doctrine of respondent superior or for corporate negligence.

In terms of employee negligence, two general factors are requisite for imposing

liability on the corporation. Employee relationship must exist, and the employees' act or failure to act must occur within the scope of his or her employment. Corporate negligence occurs when the hospital maintains its building and furnishings in a negligent fashion, provides defective supplies or equipment, hires incompetent employees, or in some other manner fails to meet accepted standards, and such failure results in harm or injury to a person to whom the hospital owes a duty.

There are two basic facets of security. They are physical and procedural.

Physical security involves protecting the facility against intrusion from without and diversion of goods from within. It involves the integration of a large variety of protective measures. Including control of the facility's perimeter, lockup techniques, electromechanical devices, electronic surveillance, and traffic control including employees, visitors, drivers and contractors.

Procedural security involves developing specific accountability controls directed at the flow of hospital supplies and materials, especially all receiving functions, and regulating the operation of the dock. The most far-reaching security problems are procedural in nature.

It is the procedural accountability controls governing the flow of these goods which must provide the strongest basis for security.

All other security measures should be built around those controls.

Aim:

A study of security short comings and their remedial measures in a hospital

Objectives:

1. To study the existing security system.
2. To analyze overall efficiency of the security system.
3. To recommend steps to overcome lapses, if there are any.

LITERATURE REVIEW:

Hospitals are on a list of terrorists these days. In history of Indian terrorism, the fact a bomb had blasted within the premises of LG Hospital in Ahmedabad, exposed the vulnerability of hospitals as terror targets¹.

Kidnapping and especially the newborn kidnapping is the major concern in hospital industry. However there have been incidents of abduction of adult patients and employees. Nurses can contribute to the safety and security of infants by following prevention plans which emphasize these and other actions: educating parents about abduction risks, using identically numbered bands on the baby and parents, taking colour photographs of the infant, wearing colour photograph ID badges themselves, discouraging parents/families from publishing birth notices in the public media, controlling access to nursery/postpartum unit, and utilizing

infant security tags or abduction alarm systems².

As the primary target of attack, hospitals may be set upon by suicide attackers, bombs, kidnapping and negotiation attacks, and shooting attacks (including from mortars and rockets)³.

According to the Federal Trade Commission (FTC), medical identity theft accounted for 3% of identity theft crimes, or 249,000 of the estimated 8.3 million people who had their identities stolen in 2005⁴.

If anyone is carrying a weapon, then it is only the metal detector which can detect it. A research study conducted by S. Terez Malka, Robin Chisholm, Marla Doehring, Carey Chisholm to see the effect of metal detector on weapon recovery. In the final result what they found was the recovery of 5877 weapons and average of 218 per month: 268 firearms, 4842 knives, 512 chemical sprays, and 275 other weapons, such as brass knuckles, stun guns, and box cutters⁵.

According to a study in Annals of Emergency Medicine, in 2000-2011 the United States had 154 hospital-related shootings. 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds. 235 injured or dead victims⁶.

The job of hospital Security Officers are charged with protecting people, property, information, reputation. Preventive patrol or inspectional service is the method employed by Security Officers to determine that conditions are normal in a given area and to provide a visible deterrent factor⁷.

In an article written in Canadian Journal of Rural Medicine on the use of secure room in rural hospital they conducted a 3-year retrospective chart audit on the use of our secure room/security guard system at a rural hospital in a town of 3500, located 220 km from our psychiatric referral centre. A secure room can provide the opportunity for close observation of a potentially self-harming patient, additional security for staff and early warning if a patient flees the hospital. According to them most patients admitted to a rural hospital with a mental health crisis can be managed locally if an adequate secure room/security guard system is available⁸.

Hospital emergency managers are now required to prepare for active shooter incidents, as well as storms, hurricanes, tornadoes, power interruptions and other events related to natural or man-made disasters⁹.

A news article written by CS Staff on Improvement of security after newborn ward breach by a lady. Multiple hospitals in a Washington county have adjusted visitor policies after a woman attempted to enter areas with newborn babies recently. Visitors will also be escorted to the room they intend to visit by hospital security officers¹⁰.

MATERIALS AND METHODS:

The tertiary care hospital where the study was conducted is a 100 bedded multi-speciality facility situated in the centre of Mumbai. The hospital has highly qualified medical personnel and management people.

For the purpose of this study, we designed a checklist after studying various security related materials (Refer annexure 1-4).

An observatory study was conducted in a hospital in the month of May to August 2016. The study aimed at exploring the implementation of various security measures in the hospital.

The checklist was made and used which covered all sub-areas from following main areas:

Diagnostic Area, Therapeutic Area, Service Area & Admin Area

Study Instrument

Format of the study's checklist contains sentences which can be answered in yes or no.

Data Analysis

For the data analysis, statistical tools in MS Excel 2010 were used. Keeping in the view of small sample size, pie charts were used.

OBSERVATIONS AND DISCUSSION:

Checklist comprised of 219 security related points from Hospital campus, Area, Parking area, Reception area, Impatient facility, A & E department, Pharmacy, Cash collection area, Infant & Paediatric area, Utility areas (Details attached refer Annexure 1-4). In checklist we have also covered Bomb Threat Analysis, Workplace violence, Active shooter threat assessment. The structured checklist was most suited qualitative research method to understand necessary security measures.



Out of 206 points of checklist (excluding workplace violence), only 113 can be fulfilled by hospital i.e. 55%. Still 45% errors are there which need to be improved in order to make hospital safe from threats. At this moment, hospital is not at all ready to face any kind of threats and if unfortunately anything goes wrong, it would result in mass casualties in the hospital. Immediate actions need to be taken on recommendations.

Things which are not in place are as follow:

1. Parking is near to compound wall which is adjacent to the main street.
2. Lack of fire extinguishers in parking area.
3. Lack of physical protective barriers to stop speedy vehicles entering in the campus.
4. Lack of way finding signs in campus.
5. No communication devices for the security staff working in the parking area.
6. The security staff is not aware about codes and procedures which could land up the hospital in big trouble in disastrous situation
7. Security staff is less equipped.
8. Weak entry door.
9. No lock down procedure
10. No alarm system in the hospital
11. No separate checking areas
12. No Metal Detector
13. No store for patients valuables
14. No fixed furniture
15. The height of the nursing station was not sufficient
16. NO duress alarm at nursing station
17. No fire extinguisher
18. No safe room for staff and patients if any threat occurs
19. No intrusion alarm and duress alarm system installed in pharmacy store and cash counter.
20. No motion sensors installed in pharmacy store.
21. No automatic door locking system for pharmacy store.
22. Doors are not equipped with authorised staff keys in infant and pediatric department.
23. No code compliant locking system in infant and pediatric department
24. No CCTV capturing full face shot image in infant and paediatric department

25. No duress alarm at nursing stations of in infant and paediatric department
26. No CCTV at all entry/exit points at in infant and paediatric department
27. No infant electronic tagging system in in infant and paediatric department
28. Hospital management don't know how to handle bomb threat.
29. Even security staff is unaware about bomb searching procedures.
30. No active monitoring for fences and entry points
31. No earth berms used for protection or barriers
32. Doors are not that strong to hold
33. No smoke evacuation system in the hospital
34. No plan to immediately evacuate patients from nearby areas for protection.
35. No way to notify and provide information to staff without causing unnecessary fear
36. No policy to secure the immediate area and the hospital and to restrict entrance or exit of nonessential personnel.
37. No regular staff training on managing aggressive behaviour
38. Hospital security personnel are not trained in providing guidance to staff and visitors during an active shooter response.
39. Not clearly identify and marked fire exits and escape routes.
40. No safe room in the hospital

RECOMMENDATIONS:

1. A proper space between vehicles and wall is required because if no space is there then it's easy to damage parked vehicles from outside by using petrol bomb or stones. Although there is proper safety space, we recommend installing a circular protecting metal wire on the compound wall so that risk to damage vehicles reduces.
2. At least 3 fire extinguishers should be installed in the parking at a distance of every 10 ft. So that in case of any fire incidence happens, it can be easily handled.
3. A manually protected ground barrier should be installed just after the main gate. So in case any heavy vehicle crosses the main gate, it can be stopped with those ground protective barrier.
4. Security staff should be well equipped.
5. Hospital staff must be aware of lockdown procedure of the hospital.
6. Hospital staff should be introduced with emergency codes.
7. Intrusion alarm and duress alarm should be installed in all over the hospital.
8. CCTVs should be active 24*7 covering all areas of the hospital.
9. A strong, break-proof door should be installed at the entrance. It's very important during the lock down
10. Hospital should make a central observation room having a set of televisions on which each and every location is getting displayed. Also all means of communication devices should be there. Designate a 24*7 staff for the central observation room.
11. There should have one advanced metal detector at A&E entrance
12. Hospital should have well equipped safe room
13. Automatic door locking system should be installed at pharmacy store and cash counter area.
14. Advanced face shot capturing CCTV should be installed. It will help to prevent and detect child abduction.
15. Infant electronic tagging system should be installed to monitor infants in the NICU.
16. There should have a banding system for parents or relatives of infants. So that parents and others who have permission to be alone with infants can identify through banding

17. A proper and effective evacuation plan should be there so that there will be less harm during active shooter or terrorist attack

18. Display fire exit and escape routes on every respected floor

CONCLUSION:

Hospital is prone to many threats; there must be proper safety measures in place to keep facility protected. Hospital is vulnerable to many threats like violence, bomb, civil disturbances, active shooter, burglary, theft etc. In order to keep hospital safe from above threats, there must need constant protective measures and designed guidelines. What is safe today may not be safe tomorrow. It is a difficult task to evaluate the environment of a particular facility to determine if relative safety has been achieved. In hospital this Security comes under HR department and needs constant supervision by the management.

A checklist for assessment has to be developed and be practiced and used to study the existing security from various angles

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ANNEXURE 1
Assessment Tool Kit

	Parking	
1	Proper space for parking	YES
2	Separate parking for staff	YES
3	Separate parking can be arranged for VIP	YES
4	Parking is near to compound wall	NO
5	Distance between parking and compound wall is proper	YES
6	Fire extinguishers in parking	NO
7	Physical protective barriers	NO
8	Vehicle identification	YES
9	Way finding signs	NO
10	Additional parking space for emergency	YES
11	Observation on vehicles by security	YES
12	Observation on pedestrian egress path by security	YES
13	Attendant booth to monitor parking activity	YES
14	Video surveillance in parking	YES
15	Video surveillance in pedestrian way	YES
16	Communication devices in the parking area for staff	NO
17	Crime violence history in parking area	YES
18	Patients, visitors, or staff feel safe in parking lots or garages?	YES

	Security staff and security management by hospital	
1	Hospital has own security	NO
2	Security contract	YES
3	Background check of security staff by hospital	YES
4	Hospital has records of security staff	NO
5	Training of security staff by hospital	NO
6	Orientation of security staff by hospital	NO
7	Routine security related trainings by hospital	NO
8	Behaviour check of security staff by hospital	NO
9	Fitness level check by hospital	NO
10	Security staff know the basic combat / defence skills	NO
11	Security staff is aware of lock down procedure	NO
12	Security staff know how to handle disaster situations	NO
13	Hospital staff know emergency codes	NO
14	Security staff is equipped with necessary gadgets	NO

	Visitors management	
1	Hospital has visitor management policy	YES
2	Checking of visitors before entry	YES
3	Badges / IDs for visitors	YES
4	Badges/ IDs are returned by visitors after visiting hours	YES
5	Record of visitors	YES
6	Hospital has Policy to call back visitors after visiting hours	YES
7	Place to sit for visitors	YES

	Hospital entrance	
1	Security at the entrance of the hospital	YES
2	CCTV surveillance at the entrance	YES
3	Metal detector at entrance	YES
4	Separate checking area for male / females	NO
5	Security staff is equipped with gadgets	NO
6	Strong front door	NO
7	Electronic doors	NO
8	Hospital has lockdown procedure (written)	NO
9	Staff members are trained in lock down procedures	NO
10	All doors are managed and monitored by an access control and/or alarm management system	NO
11	Strong windows	YES
12	Black films on windows	YES
13	Car checking system	NO

	Reception area	
1	Call for assistance station (Reception)	YES
2	Waiting area	YES
3	Partition in waiting and billing area	YES
4	CCTV in waiting area	YES
5	Alarm at reception	NO

	Inpatient facilities	
1	IP facility have controlled access	YES
2	Access to authorized staff	YES
3	Internal viewing from outside of the facility & Duress alarm	NO
4	Adequate workstation space	YES
5	Wall hangings, coat hooks, and other hung objects are at proper position	YES
6	Security stations	YES
7	Signage	YES
8	CCTV	YES
9	Secure storage for patient valuables	NO
10	Well equipped on call staff sleeping room	YES

	A & E Department	
1	Parking for emergency care patient	YES
2	Clear signage from parking to ED	YES
3	Waiting areas	YES
4	CCTV	YES
5	Controlled ambulance entrance access	YES
6	Communication gadgets at nursing station	YES
7	Security staff	YES
8	Metal screening	NO
9	Secure store for patient valuables	NO
10	Fixed furniture	NO
11	Windows are covered to prevent internal viewing from outside	YES
12	Wall hangings, coat hooks, and other hung objects are at proper position	ALMOST
13	Security/police officer workstations should be visible from the patient area	YES
14	Clear distinction between triage and the ED waiting area	NO
15	Nursing stations of sufficient height and strength	NO
16	Workstations equipped with strategically located duress alarms	NO
17	Fire extinguishers	NO
18	Controlled staff lockers and lounges	YES
19	A designated safe room within the ED that can be locked from the inside as a place for staff, patients, and even visitors to retreat in the event of an immediate threat of danger.	NO
20	Protected windows	YES
21	Hardening walls, ceiling, and doors to prevent penetration	YES
22	Video system coverage at security sensitive areas such as the lobby, triage desk, reception, ambulance entrance, etc	YES
23	24/7 Security presence	YES
24	Does security in the ED have the ability to initiate a lockdown and/or manage access?	NO
25	Duress alarm	NO
26	Metal detector	NO
27	Defined visitor policy that addresses access control and identification requirements for anyone visiting the ED	
28	Do Emergency Department and Security staff jointly conducted lock down drills?	NO

	Pharmacy (Ground floor)	
1	Protective doors	YES
2	Automatic door locking system	NO
3	Latching/locking hardware that is barrier protected	YES
4	An opening large enough to permit communication and transactions only	YES
5	Intrusion alarm system	NO
6	Motion sensors within the secured space	NO
7	Live or motion-activated monitoring with video surveillance within pharmacy space	NO
8	Register	NO
9	Recorded entries	YES
10	Security at pharmacy receiving	YES
11	Controlled access to narcotics storage by authorised staff	YES
12	Duress alarm	NO
13	CCTV at narcotics	
14	Video coverage at doors, exchange windows, receiving areas, etc	YES

	Cash collection area	
1	Controlled and restricted access to cash areas	YES
2	Penetration proof windows and doors	NO
3	Single door entrance	YES
4	Limited opening window	YES
5	Doors get close automatically when not in use	NO
6	Doors get automatically lock when closed	NO
7	Locking devices that cannot be manually defeated	YES
8	Latching/locking hardware that is barrier protected	YES
9	Duress alarm	NO
10	CCTV	YES
11	CCTV within the cashier counter	YES
12	Intrusion alarm	NO
13	Compartmentalized public waiting space with secured physical barriers	YES
14	Is there a deposit or cash transfer procedure in place designed to safely move deposits from the hospital?	NO
16	Safe to store cash / deposit	NO
17	Anti robbery procedures	NO

	NICU and paediatric ward	
1	Avoided entry points	YES
2	Controlled and restricted access	YES
3	Provided space to facilitate a reception process	YES
4	Doors are equipped with authorised staff keys	NO
5	Family education space located outside the secured zone	YES
6	Code compliant locking system	NO
7	CCTV capturing full face shot image	NO
8	Duress alarm at nursing stations	NO
9	CCTV at all entry /exit points	NO
10	Direct visual observation capability from nursing station	YES
11	Does the facility have an infant electronic tagging system?	NO
12	Are parents and others who have permission to be alone with infants instructed on the specific security procedures in place and are they identified through banding or similar means?	NO

ANNEXURE 2

Bomb Threat Analysis

Identifying Critical Assets for the Second Layer of Defence

1	Are perimeter fences or other types of barrier controls in place?	YES
2	How many access points to the site or building?	2
3	Is there vehicle and pedestrian access control in the hospital campus?	YES
4	Does site circulation prevent high-speed approaches by vehicles?	NO
5	Is there a minimum setback distance between the building and parked vehicles?	YES
6	Do existing landscape measures/features (walls, fountains, beams, etc.) deflect or dissipate the blast pressure?	NO

Identifying Critical Assets for the Third Layer of Defence.

1	What is the designed or estimated protection level of the exterior walls against the postulated explosive threat? or Can wall hold blast pressure?	NOT AT ALL
2	Is the window system design on the exterior façade balanced to mitigate the hazardous effects of flying glazing following an explosive event?	NO
4	Is the incoming water supply in a secure location? Is there a secure alternate drinking water supply?	No
5	Is roof access limited to authorized personnel by means of locking mechanisms?	YES
6	Site is within view of other occupied facilities	YES
7	Fencing and physical barriers	YES
8	Site is adjacent to high terrain or structures	YES
9	Active monitoring for fences and entry points	NO
10	Insecure access roads to the site	YES
11	Entry control and vehicular access	NO
12	Lack of distance from sidewalk to building yard ■	NO

	SECOND LAYER	
13	Earth beams used for protection or barriers	NO
14	Controlled access zones have been established	NO
15	Physical obstruction	NO
16	Dense thorn-bearing vegetation	NO
17	Unwanted surveillance is possible	YES
18	Parking surveillance possible from outside	YES
19	Parking is allowed near high-risk areas	YES
20	Lack of protection in curbs and sidewalks	YES
21	Physical security lighting	NO
22	Separate service and delivery access	YES
23	Appropriate location of trash receptacles	YES
24	Check locks on manhole covers	YES

	THIRD LAYER	
25	Inappropriate access possible	YES
26	Inappropriate egress/ingress	YES
27	Weak bearing walls	NO
28	Strong windows	YES
29	Strong window frames	YES
30	Strong doors	NO
31	Inappropriate window frame and anchorage design	NO
32	Inappropriate access to roof	NO
33	Lack of security lighting	NO
34	Inappropriate electrical rooms/location/protection	NO
35	Inappropriate switchgears/location/protection	NO
36	Inappropriate fire protection	YES
37	Lack of backup power/distribution	NO
38	Inappropriate fire alarm panels/location/protection	YES
39	Inappropriate fire hydrant location	NO
40	Inappropriate smoke evacuation systems	YES
41	Inappropriate communications/surveillance systems	YES
42	Ineffective radio/wireless systems/location/protection	YES
43	Ineffective CCTV/location/protection	NO

ANNEXURE 3

Assessment Tool Kit

Workplace violence

1	Occupation involves conducting staff performance appraisals	YES
2	Dealing with the public, visitors, contractors, couriers	YES
3	Dispensing drugs	YES
4	Working at night or during early morning hours	YES
5	Occupation involves physical contact with clients, particularly frequent or prolonged.	YES
6	Occupation involves handling cash	YES
7	Occupation involves carrying cash	YES
8	Violence history of the organization	YES
9	Dealing with mental or physical illness, injury, or condition	YES
10	A presence or suspected presence of weapons	YES
11	Work load on employees	YES
12	An environment where staff have high levels of stress and fatigue	YES
13	Work location in a high-crime neighbourhood	YES

ANNEXURE 4
Assessment Tool Kit

Active shooter (Code Silver)

1	Does your hospital have a plan to establish a liaison role with local law enforcement	YES
2	Does your hospital have a plan to immediately evacuate patients from nearby areas for protection?	NO
3	Does your hospital have a way to notify and provide information to staff without causing unnecessary fear?	NO
4	Does your hospital have a policy to secure the immediate area and the hospital and to restrict entrance or exit of nonessential personnel?	NO
5	Does your hospital have a staff photo identification badge policy and procedure? Is the policy enforced? Are visiting healthcare providers (residents, students) provided with photo identification?	YES
6	Does your hospital have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be onsite?	YES
7	Does your hospital provide regular staff training on managing aggressive behaviour?	NO
8	Does your hospital have closed circuit television (CCTV) or video cameras and surveillance recording capabilities (digital or tape) in the hospital and on the campus?	YES
9	Does your hospital have an Active Shooter Plan that includes:	NO
10	Does your hospital have a clear policy and procedure for reporting violence?	NO
11	Does your hospital train the appropriate staff in violence prevention and de-escalation?	NO
12	Does your hospital train security personnel in providing guidance to staff and visitors during an active shooter response?	NO
13	Does your hospital have the capability to control access?	YES
14	Does your hospital have a plan to manage visitors and contractors on site?	NO
15	Does your hospital clearly identify and mark fire exits and escape routes?	NO
16	Does your hospital identify and provide safe rooms for staff?	NO
17	Does your hospital have a Lockdown Plan (full and zoned lockdown capabilities)? Have all staff been trained in the hospital and campus lockdown procedures and the impact on operations?	NO
18	Does your hospital have panic or duress alarm buttons installed in high risk areas? Are the alarms routinely tested?	NO
19	Does your hospital have a mechanism to address hostage support needs (e.g., water, medications, illness, and injury), under the direction of law enforcement?	NO
20	Does your hospital have procedures for reporting and documenting staff injuries?	NO